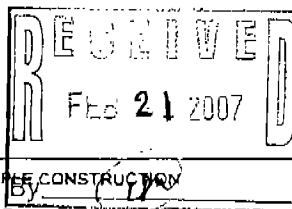


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES



PRINTED: 01/30/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G166	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 01/25/2007
NAME OF PROVIDER OR SUPPLIER D C HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 6917 MAPLE ST NW WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{W 000}	INITIAL COMMENTS A follow-up survey was conducted on January 25, 2007 to verify compliance with the Conditions of Participation of Client Protections and Active Treatment previously determined to not be in compliance on December 14, 2006. Six females with varying degrees of disability reside in the facility. Three of the six clients were randomly selected for the sample. The findings of the survey were based on observations at the group home and two day programs, interviews with staff and clients, and the review of records including incident reports. Although the facility made some progress, it was determined that the Conditions of Participation in both Active Treatment and Client Protections had not been met.	{W 000}			
{W 100}	440.150(c) ICF SERVICES OTHER THAN IN INSTITUTIONS "Intermediate care facility services" may include services in an institution for the mentally retarded (hereafter referred to as intermediate care facilities for persons with mental retardation) or persons with related conditions if: (1) The primary purpose of the institution is to provide health or rehabilitative services for mentally retarded individuals or persons with related conditions; (2) The institution meets the standards in Subpart E of Part 442 of this Chapter; and (3) The mentally retarded recipient for whom payment is requested is receiving active treatment as specified in §483.440. This STANDARD is not met as evidenced by:	{W 100}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Gonny Styrin

President

2/20/07

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{W 100}	Continued From page 1 Based on observation, interviews and record review, the facility failed to ensure that each client received continuous active treatment services. [See W195]	{W 100}	Please see answer to W 195.		
{W 120}	483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure outside services met the needs of one of the three clients (Client #3) included in the sample. The findings include: The facility failed to ensure the day program met Client #3's needs due to her refusals to participate in active treatment programming and/ or lack of program documentation. (See W214)	{W 120}			
{W 122}	483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. This CONDITION is not met as evidenced by: Based on interview and record review the facility failed to ensure clients were taught to manage their financial affairs to the extent of their capabilities (See W126). The finding includes: A follow-up survey was conducted on January 25,	{W 122}	Please see answer to W 214. Please see answer to W 126.		

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{W 122}	Continued From page 2	{W 122}			
{W 124}	<p>2006, and at the time of the survey the facility failed to ensure compliance with the aforementioned standard as documented in their plan of corrections. Therefore, non compliance with the standard results in the continued failure of the facility to protect its clients rights.</p> <p>483.420(a)(2) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure the rights of each client and/or their legal guardian to be informed of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and the right to refuse treatment, for one of the clients (Client #2) included in the sample.</p> <p>According to the follow up survey on January 25, 2007, the finding includes:</p> <p>Observation of the evening medication administration on January 25, 2007 at 5:57 PM revealed Client #2 received medications including Hydroxyzine HCL and Valproic Acid. Interview with the medication nurse during the medication administration revealed the medications were used to control behaviors.</p>	{W 124}	<p>Client has active family involvement. Client # 2's two sisters are aware of her behavior programs and medications. Ms. [REDACTED] is the assigned health care decision maker and consents to become the guardian. She has signed all necessary papers approved by D.D.S. on 01/21/07 and submitted to the case manger.</p> <p>please see attachment F14</p>	<p>Ongoing 1-21-07</p>	

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{W 124}	<p>Continued From page 3</p> <p>Interview with the Qualified Mental Retardation Professional (QMRP) on January 27, 2007, 2006 at 3:45 PM revealed Client #2 received psychotropic medications and had a Behavior Support Plan (BSP). Further interview with the QMRP on January 27, 2007 revealed Client #2 did not have a legal guardian and could not give informed consent for the use of her medications or the use of her corresponding BSP. The QMRP additionally indicated that Client #2 had a family member interested in becoming her guardian and the facility had implemented steps to assist Client #2 with that process. However at the time of the survey, the facility failed to provide evidence of legal guardianship. At the time of the survey, the facility failed to provide evidence that Client #2's treatment needs, including the benefits and potential side effects associated with the medications, and the right to refuse treatment, had been explained to her and/or a legally authorized representative.</p> <p>*****</p> <p>Based on observation, interview and record review, the facility failed to ensure the rights of each client and/or their legal guardian to be informed of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and the right to refuse treatment, for one of the clients (Client #2) included in the sample.</p> <p>The finding includes:</p> <p>Observation of the morning medication administration on December 11, 2006 at 8:33 AM revealed Client #2 received medications including</p>	{W 124}	<p>Client # 2's medications and its benefits, side effects as well as her B.S.P. were explained to both the sisters and a consent for the same was obtained.</p> <p>CA 5/16/06</p> <p>Please see attachment. - 'A-1 & 2'</p>	5-16-06	

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{W 124}	Continued From page 4 Clonazepam, Hydroxyzine HCL, and Valproic Acid. Interview with the medication nurse during the medication administration revealed the medications were used to control behaviors. Interview with the Qualified Mental Retardation Professional (QMRP) on December 11, 2006 at 9:19 AM revealed Client #2 received psychotropic medications and had a Behavior Support Plan (BSP). Review of Client #2's BSP dated May 16, 2006 on December 12, 2006 at 4:51 PM revealed the plan addressed target behaviors of self-injurious behavior, physical aggression, disrobing and noncompliance. Further interview with the QMRP on December 11, 2006 revealed Client #2 did not have a legal guardian and could not give informed consent for the use of her medications or the use of her corresponding BSP. The QMRP additionally indicated that although Client #2 had family involvement, she was in need of legal guardianship. This information was verified by the review of Client #2's Psychological Assessment date March 29, 2006 on December 13, 2006 at 5:25 PM. According to the assessment, Client #2 "does not evidence the capacity to make independent decisions on her behalf with regards to treatment/habilitation, residential placement, financial matters and ongoing medical care." At the time of the survey, the facility failed to provide evidence that Client #2's treatment needs, including the benefits and potential side effects associated with the medications, and the right to refuse treatment, had been explained to her and/or a legally authorized representative.	{W 124}	Client #2's medications and its benefits, side effects as well as her B.S.P. were explained to both the sisters and a consent for the same was obtained. On 5-16-06 Please see attachment: A-1 + 2	5-16-06	
{W 125}	483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients.	{W 125}			

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{W 125}	Continued From page 5 Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure each client was encouraged to exercise their rights, for one of the six clients (Client #2) residing in the facility. The finding includes: The facility failed to ensure Client #2's rights was protected by making certain the client had a legally sanction representative to assist her with making decisions regarding her treatment. (See W.124)	{W 125}	Please see answer to W 124		
{W 126}	483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities. This STANDARD is not met as evidenced by: Based of interview and record review, the facility failed to ensure clients were taught to manage their financial affairs, for one of the three clients (Client #2) included in the sample. According to the follow up survey on January 25, 2007, the finding includes: Review of the facility's Plan of Corrections (POC)	{W 126}			

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{W 126}	<p>Continued From page 6</p> <p>and interview with the Qualified Mental Retardation Professional (QMRP) on January 25, 2007 revealed that a program would be developed for Client #2 to "teach her money management skills." The POC indicated that the client would fill out a deposit slip and have opportunities to go to the bank and deposit her check. At the time of the follow-up survey, the facility failed to provide evidence that the program had been developed or implemented.</p> <p>*****</p> <p>Based of interview and record review, the facility failed to ensure clients were taught to manage their financial affairs, for one of the three clients (Client #2) included in the sample:</p> <p>The finding includes:</p> <p>Interview with the Qualified Mental Retardation Professional (QMRP) on December 13, 2006 at 11:46 AM revealed Client #2 attends a day program where she was monetarily compensated. Further interview with the QMRP revealed that Client #2 can not manage her own personal finances. The QMRP revealed that staff made recommendations regarding what personal items a client may need and then was responsible for completing a request form to get money from the client's personal accounts to make purchases. The QMRP additionally revealed that when Client #2 was paid she was accompanied by staff to the main office to hand her check to administrative staff. The QMRP indicated that the clients do not go to the bank.</p> <p>Review of Client #2's Individual Program Plan (IPP) and further interview with the QMRP on</p>	{W 126}	<p>According to the previous POC, client #2 and others were taught how to fill out the deposit slips by practicing. Client #2 needs physical assistance to do the tasks. On 02/05/07 client #2 was taken to the bank and deposit was made. Will be done every time they receive checks. A money management program was also developed by O.T. on 02/05/07 after O.T. evaluation.</p> <p>Please see attachment. B-1-1-8</p> <p>Client #2 was taught how to fill out deposit slip as outlined in the attached money management program. The program was informally started as of 01/11/07 officially documented as of 02/05/07. D.C.H.C. will continue to teach above skill to client #2.</p>	<p>2-5-07 h enging</p> <p>02/05/07</p>	

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{W 126}	Continued From page 7	{W 126}			
{W 159}	December 14, 2006 failed to provide evidence that Client #2 was being taught to manage her personal finances. 483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility's Qualified Mental Retardation Professional (QMRP) failed to adequately monitor, integrate and coordinate each client's active treatment. The findings include: 1. The QMRP failed to ensure outside services met the needs of each client. (See W120) 2. The QMRP failed to ensure each client's needed comprehensive functional assessments. (See W214) 3. The QMRP failed to ensure that as soon as the Interdisciplinary Team (IDT) formulated each client's Individual Program Plan (IPP), clients received continuous active treatment consisting of needed interventions and services. (See W 249) 4. The QMRP failed to ensure data relative to the accomplishment of the criteria specified in each client's individual program plan objectives were documented in measurable terms. (See W252)	{W 159}			
{W 195}	483.440 ACTIVE TREATMENT SERVICES	{W 195}	1. Please see answer to W 120. 2. Please see answer to W 214. 3. Please see answer to W 249. 4. Please see answer to W 252.		

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{W 195}	Continued From page 8 The facility must ensure that specific active treatment services requirements are met. This CONDITION is not met as evidenced by: Based on observation, interview, and record review, the facility failed to continuous active treatment services (See W196 and W249)); failed to ensure each client's comprehensive functional assessment identified the specific limitations that justified the client's food being locked (See W 214); and failed to ensure data relative to the accomplishment of the criteria specified in each client's individual program plan objectives were documented in measurable terms (See W252). The effects of these systemic practices results in the failure of the facility to provide active treatment services.	{W 195}			
{W 196}	483 440(a)(1) ACTIVE TREATMENT Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward: (i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and (ii) The prevention or deceleration of regression or loss of current optimal functional status. This STANDARD is not met as evidenced by: Based on observation, interview, and record	{W 196}			

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{W 196}	Continued From page 9 review, the facility failed to ensure clients received a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, for one of the three clients (Client #3) residing in the facility. The finding includes: The facility failed to ensure Client #3's current day program objectives were being implemented. (See W214 and W249)	{W 196}	Please see the answer to W 214 and W 249.	
{W 214}	483.440(c)(3)(iii) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure individual program plans stated specific objectives necessary to meet the client's needs, for one of the three clients (Client #3) residing in the facility. According to the follow up survey on January 25, 2007, the finding includes: Observation of Client #3 on January 25, 2007 at 1:11 PM revealed the client seated at a table in her treatment area with her coat on. The client was not engaged in any learning and/or recreation at the time of the observation (1:11 PM-1:30 PM). Interview with the day program staff revealed the client continued refusing to participate in day program activities. This was verified through the review of her available data collection sheets (December 18, 2006 through December 29, 2006)	{W 214}	Client #3 was given opportunities to visit different day programs as of 01/30/07. An IDT Meeting was also held on 01/30/07 - client # 3 started a new day program as of 02/08/07.	

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(W 214)	<p>Continued From page 10 client refused).</p> <p>Review of the facility's Plan of Corrections (POC) and interview with the Qualified Mental Retardation Professional (QMRP) on January 25, 2007 revealed a meeting was held at Client #3's day program on January 19, 2007. According to the QMRP, the meeting was held to address the deficient practice cited in the December 14, 2006 report (Client #3's refusals to participate at the day program). At the time of the survey, the facility failed to provide evidence that ensured Client #3's refusal to participate in active treatment programming while at the day program had been assessed.</p> <p>*****</p> <p>Based on interview and record review, the facility failed to ensure individual program plans stated specific objectives necessary to meet the client's needs, for two of the three clients (Client #2 and #3) included in the sample.</p> <p>The finding includes:</p> <p>1. Interview with the Qualified Mental Retardation Professional (QMRP) on December 13, 2006 at 11:46 AM revealed Client #2 attends a day program where she was monetarily compensated. Further interview with the QMRP revealed that Client #2 can not manage her own personal finances. The QMRP revealed that staff made recommendations regarding what personal items a client may need and then was responsible for completing a request form to get money from the client's personal accounts to make purchases.</p>	(W 214)	<p>Please see answer on pg. 6 & 7.</p> <p>A list of items needed for client # 2 is prepared with client's input. Client is taken to the store to purchase items as well as dine out effective 01/26/07.</p>	1-26-07	

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(W 214)	<p>Continued From page 11</p> <p>Review of Client #2 's Individual Program Plan (IPP) and further interview with the QMRP on December 14, 2006 failed to provide evidence that Client #2 had been assessed in the domain of managing her personal finances. (See also W 126)</p> <p>2. Observation at Client #3 's day program on December 12, 2006 at 12:02 PM revealed the client was on a doctor 's appointment. Interview was conducted with a case manager and the client 's day program counselor to ascertain information regarding the client 's daily activities while at the day program site. According to Client #3 's day program counselor, the client refuses to participate at the day program. The counselor further indicated he/she can not get the client to do anything and the client 's refusal hinders her active treatment at the day program. This information was further verified through interview with Client #3 's sister on December 13, 2006 at 10:14 AM. According to Client #3 's sister, a new day placement setting was to be located for the client one year ago.</p> <p>Continued interview with the counselor and review of Client #3 's day program records on December 12, 2006 revealed a program plan for the client dated May 22, 2006. According to the plan, Client #3 was recommended to participate in the following program objectives:</p> <ul style="list-style-type: none">- Client #3 will attend work adjustment training independently at least 3 out of 5 days a week.- Client #3 will complete at least 1 assigned task daily with no more than 1 verbal prompt from staff from start to finish.- Client #3 will attend at least 1 community outing or volunteer experience bi-weekly.	(W 214)	<p>Client # 3 is placed in a new day program effective 02/08/07.</p> <p>D.C.H.C. will continue to monitor client # 3 at new day program monthly and as needed to make sure all her needs are met.</p>	2-8-07	

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(W 214)	Continued From page 12	(W 214)			
W 249	<p>Record verification revealed that there were several weeks in which there was no evidence of documentation to verify the client's participation with her programs. Continued interview with the day program counselor revealed that the client refused to participate daily, but the counselor had not been collecting data on the refusals. Additionally, the counselor indicated that the client spent quite a bit of time in the bathroom seated on the toilet (between 15-20 minutes) per visit doing nothing but trying to avoid participating in programming activities. At the time of the survey, the facility failed to provide evidence that ensured Client #3's refusal to participate in active treatment programming while at the day program had been assessed.</p> <p>483 440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan</p> <p>This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that as soon as the Interdisciplinary Team (IDT) formulated each client's Individual Program Plan (IPP), clients received continuous active treatment consisting of needed interventions and services for one of two clients (Client #3) in the survey.</p>	W 249			

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W 249	<p>Continued From page 13</p> <p>The findings include:</p> <p>Observation of Client #3 on January 25, 2007 at 1:11 PM revealed the client seated at a table in her treatment area with her coat on. The client was not engaged in any learning and/or recreation at the time of the observation (1:11 PM-1:30 PM). Interview with the day program staff revealed the client continued refusing to participate in day program activities. This was verified through the review of her available data collection sheets (December 18, 2006 through December 29, 2006 client refused).</p> <p>Continued review of the data collection sheets on January 25, 2007 revealed data was being collected on the following program objectives:</p> <ul style="list-style-type: none"> -Learn to write and recite personal information. -Choose activity of her choice. -Attend work adjustment training classes 3 out of 5 times per week. <p>Review of the clients current day program individual program plan dated May 22, 2006. revealed Client #3 was recommended to participate in the following program objectives:</p> <ul style="list-style-type: none"> - Client #3 will attend work adjustment training independently at least 3 out of 5 days a week. - Client #3 will complete at least 1 assigned task daily with no more than 1 verbal prompt from staff from start to finish. - Client #3 will attend at least 1 community outing or volunteer experience bi-weekly. <p>At the time of the survey, the facility failed to ensure the client participated in all of her</p>	W 249	Please see the answer to W 214 at pg. # 12.		

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W 249	Continued From page 14	W 249			
{W 252}	recommended current program objectives (complete an assigned task and attend a community outing). 483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure data relative to the accomplishment of the criteria specified in each client's individual program plan objectives were documented in measurable terms, for one of the three clients (Client #3) included in the sample. The finding includes: The facility failed to ensure Client #3's day program collected data on her programs in the form and frequency required by her plan. (See W 249)	{W 252}			
{W 263}	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on interview and record review, the facility's Human Rights Committee (HRC) failed to ensure written informed consent had been	{W 263}	Please see answer to W 249.		

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{W 263}	<p>Continued From page 15</p> <p>obtained from the client and/or their legal guardian for the use behavior support plans, for two of the three clients (Clients #1 and #2) included in the sample.</p> <p>The finding includes:</p> <p>1. Interview with the lead counselor at Client #1's day program on December 12, 2006 at 10:16 AM, revealed the client utilized a Behavior Support Plan (BSP) that incorporates restrictive techniques while at the day program (See also W 120). Interview with the Qualified Mental Retardation Professional (QMRP) and review of Client #1's residential records on December 13, 2006 revealed Client #1 also had a BSP that incorporated restrictive techniques while at her home. Further interview with the QMRP on December 11, 2006 revealed Client #1 did not have a legal guardian and could not give informed consent for the use of her BSP. The QMRP additionally indicated that Client #1 was in need of legal guardianship. This information was verified by the review of Client #1's Psychological Assessment date March 29, 2006 on December 14, 2006 at 12:06 PM. According to the assessment, Client #1 "does not evidence the capacity to make independent decisions on her behalf with regards to treatment/habilitation, residential placement, financial matters and ongoing medical care." At the time of the survey, the facility failed to provide evidence that its Human Rights Committee had obtained written informed consent for either of Client #1's behavior support plans.</p> <p>2. Observation of the morning medication administration on December 11, 2006 at 8:33 AM revealed Client #2 received medications including</p>	{W 263}	<p>Client #1's medical and psychological affidavits were submitted to D.D.S. to initiate guardianship process as of 01/21/07. Client #1's B.S.P. was reviewed and approved by D.C.H.C./H.R.C. 7-20-06</p> <p>Please see attachment. C-1-4</p> <p>Please see the answer on page # 3 - W 124.</p>	7-20-06	

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{W 263}	<p>Continued From page 16</p> <p>Clonazepam, Hydroxyzine HCL, and Valproic Acid. Interview with the medication nurse during the medication administration revealed the medications were used to control behaviors. Interview with the Qualified Mental Retardation Professional (QMRP) on December 11, 2006 at 9:19 AM revealed Client #2 received psychotropic medications and had a Behavior Support Plan (BSP). Review of Client #2's BSP dated May 16, 2006 on December 12, 2006 at 4:51 PM revealed the plan addressed target behaviors of self-injurious behavior, physical aggression, disrobing and noncompliance. Additionally, review of the plan revealed it utilized restrictive techniques.</p> <p>Further interview with the QMRP on December 11, 2006 revealed Client #2 did not have a legal guardian and could not give informed consent for the use of her medications or the use of her corresponding BSP. The QMRP additionally indicated that although Client #2 had family involvement, she was in need of legal guardianship. This information was verified by the review of Client #2's Psychological Assessment date March 29, 2006 on December 13, 2006 at 5:25 PM. According to the assessment, Client #2 "does not evidence the capacity to make independent decisions on her behalf with regards to treatment/habilitation, residential placement, financial matters and ongoing medical care." At the time of the survey, the facility failed to provide evidence that its Human Rights Committee had obtained written informed consent for the use of Client #2's behavior support plan.</p>	{W 263}	<p>Client # 2's B.S.P. was reviewed and approved by D.C.H.C./H.R.C. on 05/16/06.</p> <p>Please see attachment - D-1-A</p>	<p>05/16/06</p> <p>05/16/06</p>	

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(R 000)	INITIAL COMMENTS A licensure survey was conducted from December 11, 2006 through December 14, 2006. Six females with varying degrees of disability reside in the facility. Three of the six residents were randomly selected for the sample. The findings of the survey were based on observations at the group home and at three day programs, interviews with staff, residents, and family members, and the review of records including incident reports.	(R 000)			
(R 125)	4701.5 BACKGROUND CHECK REQUIREMENT The criminal background check shall disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check. This Statute is not met as evidenced by: Based on the review of records, the GHMRP failed to ensure criminal background checks disclosed the criminal history of any prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check. The finding includes: Review of the personnel records on January 25, 2007 revealed that the GHMRP failed to ensure criminal background checks were on file and disclosed a seven year history of all the jurisdictions where the employee resided and	(R 125)	One direct care staff (in question) - background check was completed on 02/02/07. Please see attachment. E 1-4	2-2-07	

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X5) DATE

STATE FORM

5007

96JC12

If continuation sheet 1 of 2

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(R 125)	Continued From page 1 worked for one direct care staff.	(R 125)			